

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>HRLV-125793483</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Harleysville Mutual Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>CPPSV12172007-2</i> | | |
| <i>TOI:</i> | <i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i> | <i>Sub-TOI:</i> | <i>05.0003 Commercial Package</i> |
| <i>Product Name:</i> | <i>CPP</i> | | |
| <i>Project Name/Number:</i> | <i>CPP Product Standardization - revised/</i> | | |

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CPP

SERFF Tr Num: HRLV-125793483

State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0003 Commercial Package

Co Tr Num: CPPSV12172007-2

State Status: Fees verified and received

Filing Type: Form

Co Status: Product Standardization - Phase 3B - revised

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Carol Zwoyer

Disposition Date: 09/02/2008

Date Submitted: 08/27/2008

Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 07/01/2009

Effective Date (Renewal): 07/01/2009

State Filing Description:

General Information

Project Name: CPP Product Standardization - revised

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

With this it is our intent to submit for your review and approval revisions applicable to our Commercial Package Policy.

Company and Contact

SERFF Tracking Number: HRLV-125793483 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CPPSV12172007-2
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: CPP
 Project Name/Number: CPP Product Standardization - revised/

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
 355 Maple Avenue (215) 256-5735 [Phone]
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
 355 Maple Avenue Group Code: 253 Company Type:
 Harleysville, PA 19438 Group Name: State ID Number:
 (215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|---------|----------------|---------------|
| Harleysville Mutual Insurance Company | \$50.00 | 08/27/2008 | 22166303 |

SERFF Tracking Number: HRLV-125793483 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPPSV12172007-2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: CPP
Project Name/Number: CPP Product Standardization - revised/

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 09/02/2008 | 09/02/2008 |

| | | | |
|--------------------------|--|------------------------|--------------------------------------|
| SERFF Tracking Number: | HRLV-125793483 | State: | Arkansas |
| Filing Company: | Harleysville Mutual Insurance Company | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | CPPSV12172007-2 | | |
| TOI: | 05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI: | | 05.0003 Commercial Package Liability |
| Product Name: | CPP | | |
| Project Name/Number: | CPP Product Standardization - revised/ | | |

Disposition

Disposition Date: 09/02/2008
Effective Date (New): 02/01/2009
Effective Date (Renewal): 07/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125793483 State: Arkansas

Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CPPSV12172007-2

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: CPP

Project Name/Number: CPP Product Standardization - revised/

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| | Cover letter | Approved | Yes |
| Supporting Document | Commercial Lines Common Policy | Approved | Yes |
| Form | Declarations | | |

SERFF Tracking Number: HRLV-125793483 State: Arkansas

Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CPPSV12172007-2

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: CPP

Project Name/Number: CPP Product Standardization - revised/

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|---------|--------------|----------------------------|----------------------|-------------|---|
| Approved | Commercial Lines Common Policy Declarations | GU-7000 | 03-08 | Declaration New s/Schedule | | 0.00 | GU-7000 _Ed 3-08_ Common Policy Dec.pdf |



COMMERCIAL LINES COMMON POLICY DECLARATIONS

Policy Number:

Named Insured and Mailing Address:

Agent:

Agency Code:
Phone Number:

Policy Period: From:

To:

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description:

Form of Business:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST
CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| | PREMIUM |
|--|---------|
| Commercial Property Coverage Part | |
| Commercial General Liability Coverage Part | |
| Crime and Fidelity Policy Coverage Part | |
| Commercial Inland Marine Coverage Part | |
| Commercial Auto Coverage Part | |
| Commercial Liability Umbrella Policy | |

Sub-Total
Fees and Surcharge - See Schedule GU-7015 (If Applicable)
Total

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009**

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>HRLV-125793483</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Harleysville Mutual Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>CPPSV12172007-2</i> | | |
| <i>TOI:</i> | <i>05.0 Commercial Multi-Peril - Liability & Non-</i> | <i>Sub-TOI:</i> | <i>05.0003 Commercial Package</i> |
| | <i>Liability</i> | | |
| <i>Product Name:</i> | <i>CPP</i> | | |
| <i>Project Name/Number:</i> | <i>CPP Product Standardization - revised/</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125793483 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPPSV12172007-2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: CPP
Project Name/Number: CPP Product Standardization - revised/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 09/02/2008
Comments:
Attachment:
NAIC 2007.pdf

Satisfied -Name: Cover letter
Review Status: Approved 09/02/2008
Comments:
Attachment:
revised form.pdf

Property & Casualty Transmittal Document


| | |
|---|---|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes |
|---|---|

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| | |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|---------------------------------------|----------|--------|------------|---------|
| Harleysville Mutual Insurance Company | PA | 14168 | 23-0902325 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-----------|
| 5. Company Tracking Number | 125793483 |
|-----------------------------------|-----------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|-----------|--|-----------------------------|--|--------------|-------------------------------|
| | Carol Zwayer 355 Maple Avenue Harleysville, PA 19438 | Senior State Filing Analyst | 800-523-6344 ext. 5735 | 215-256-5678 | czwayer@harleysvillegroup.com |
| | | | | | |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Carol Zwayer | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|---|--|
| 9. Type of Insurance (TOI) | Commercial Multi Peril |
| 10. Sub-Type of Insurance (Sub-TOI) | Commercial Package |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 02-01-09 Renewal: 07-01-2009 |

Property & Casualty Transmittal Document---

| | | |
|------------|--|---|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | 8/27/08 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |
| 20. | This filing transmittal is part of Company Tracking # | 125793483 |
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] | |

With this it is our intent to submit for your review and approval the following revisions applicable to our Commercial Package Policy.

We wish to introduce company declaration GU-7000 to replace our currently filed and approved PD-0113.

Attached: GU-7000 (Ed. 03-08) Commercial Lines Common Policy Declarations

Withdrawn: PD-0113 (Ed. 06-85) Computer Declarations Form

Rule of Application: These changes shall be applicable to all new business policies effective on or after February 1, 2009 and all renewal policies effective on or after July 1, 2009.

Your favorable consideration will be appreciated.

| | |
|---|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <div style="margin-bottom: 20px;"> Check #: EFT Amount: 50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

HARLEYSVILLE MUTUAL INSURANCE COMPANY

**355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com**

August 27, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168
COMMERCIAL MULTIPLE PERIL
Commercial Package Policy Subdivision
(An Independent Program)
Form Filing
Company Tracking Number: 125793483

Dear Honorable Bowman:

With this it is our intent to submit for your review and approval the following revisions applicable to our Commercial Package Policy.

We wish to introduce company declaration GU-7000 to replace our currently filed and approved PD-0113.

Attached: GU-7000 (Ed. 03-08) Commercial Lines Common Policy Declarations

Withdrawn: PD-0113 (Ed. 06-85) Computer Declarations Form

Rule of Application: These changes shall be applicable to all new business policies effective on or after February 1, 2009 and all renewal policies effective on or after July 1, 2009.

Your favorable consideration will be appreciated.

Very truly yours,



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@Harleysvillegroup.com